

DO-IT-YOURSELF CONSUMER PACKET PLANNING FOR FUTURE HEALTH CARE DECISION-MAKING LIVING WILL (DECLARATION TO PHYSICIANS)

08/2011, updated 12/2014; 07/2017

It is important to plan ahead for future health care decision-making so you can help ensure your wishes will be followed in the event you are unable to speak for yourself. Wisconsin law has created the Living Will (officially called a “Declaration to Physicians”) to assist adults in making future health care decisions. This packet provides instructions and additional information to assist you in planning for future health care decisions.

This packet contains two pieces, plus this cover sheet:

- 1. Step-By-Step Instructions for Completing the Wisconsin Statutory Living Will (Declaration to Physicians).**
- 2. Comparison of Wisconsin’s Living Will and Power of Attorney for Health Care.**
This chart explains the difference between a Living Will and a Power of Attorney for Health Care.

If you have questions about completing a Living Will, please contact the Guardianship Support Center at 1-855-409-9410 or email guardian@gwaar.org.

STEP-BY-STEP INSTRUCTIONS FOR COMPLETING THE WISCONSIN STATUTORY LIVING WILL

These instructions are to be used with the Living Will (officially called a Declaration to Physicians), created by the Wisconsin legislature. If you have questions, contact the Guardianship Support Center at 1-855-409-9410 or email guardian@gwaar.org. You can also read “Comparison of Wisconsin’s Living Will and Power of Attorney for Health Care” included in this packet.

STEP 1: BEFORE FILLING IT OUT – Read the “To Whom It May Concern” information that



accompanies the form – note the definitions of “feeding tube,” “terminal condition” and “persistent vegetative state.” Read the entire form carefully. Be sure that you understand and are comfortable with its language. If you have a Power of Attorney for Health Care, consider whether you need a Living Will since these same issues could be addressed in the Power of Attorney for Health Care and discussed with your health care agent. If you determine you need or want a Living Will, proceed to Step 2.

STEP 2: FILLING IT OUT – Print your name in the first blank and then proceed to the check-offs. Item 1 addresses the use of feeding tubes if you have a terminal condition. Item 2 addresses the use of life-sustaining procedures if you are in a persistent vegetative state. Item 3 addresses the use of feeding tubes if you are in a persistent vegetative state.

STEP 3: SIGNING and WITNESSING – You and your two witnesses must be together. The witnesses may not be relatives by blood, marriage or adoption, someone who is entitled to or has a claim on your estate, directly financially responsible for your health care, your health care provider, an employee of your provider or an employee of an inpatient facility where you are a patient. (EXCEPTION: Social workers and chaplains may witness these documents). Be sure all dates are identical.

STEP 4: AFTER IT IS COMPLETED – Make several copies of the form (the “To Whom It May Concern” page can be filed or discarded, and does not need to be attached to the completed Living Will form). Give a copy to your physician or your clinic, discuss your choices, and ask him or her to honor them if the situations ever arise. Give a copy to your hospital. Discuss and consider giving copies of the document to family members and close friends and ask them to honor your choices. Put the original in a safe place at home (not in a locked bank box). You may also, for a small fee, file a copy with the Register in Probate in your county’s Probate Court office.

Congratulations! You have completed your Living Will.

QUESTIONS? Call the Wisconsin Guardianship Support Center at 1-855-409-9410 or email at guardian@gwaar.org.

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COMPARISON OF WISCONSIN'S LIVING WILL AND POWER OF ATTORNEY FOR HEALTH CARE

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LIVING WILL (a.k.a. DECLARATION TO PHYSICIANS) *Ch. 154, Wis. Stats.*

POWER OF ATTORNEY FOR HEALTH CARE *Ch. 155, Wis. Stats.*

What it is	Document signed by a patient giving instructions to physicians under certain circumstances.	Document signed by a "principal" appointing another individual as "agent" to make health care decisions for principal.
When it becomes effective	When two physicians personally examine patient and sign statement that he or she is "terminal" and death is imminent, <u>or</u> is in a "persistent vegetative state."	When two physicians (or one physician and one psychologist) personally examine patient and sign statement that he or she is incapacitated (not able to make health care decisions).
Conditions under which document is effective	<ul style="list-style-type: none"> • "Terminal" and death imminent; or • "Persistent vegetative state." 	Anytime incapacitated. A Power of Attorney is more comprehensive than a Living Will because it covers more situations.
Procedures covered	<ul style="list-style-type: none"> • "Life-sustaining" procedures to be used or withheld/withdrawn if in "persistent vegetative state." • Feeding tubes to be used or withheld/withdrawn if "terminal" or in "persistent vegetative state." 	Almost anything. Agent may consent to or decline procedure. <i>Authority must be specifically authorized for:</i> <ul style="list-style-type: none"> • Long-term nursing home/CBRF admissions; • Tube feeding withholding/withdrawal; and • Continued effect during pregnancy.
Does not apply	<ul style="list-style-type: none"> • Neither "terminal" nor in "persistent vegetative state;" or • Terminal but death not imminent; or • Pregnant. 	<ul style="list-style-type: none"> • Electroshock therapy; • Experimental mental health, drugs and treatment; and • Admission to mental facilities.
Use of alternative forms	Permitted, but no immunities for health care providers apply.	Permitted, and immunities for health care provider apply.
Individuals who may be agent or alternate agent	NOT APPLICABLE	Anyone, other than health care provider, employee of a provider or facility where patient or resident, or spouse of provider/employee, unless also a relative. Usually a family member or close friend.
Witnessing requirements	Two disinterested persons. May <u>not</u> be: relative, person who will inherit or has claim on estate, directly responsible for patient's health care, or health care provider/facility employee (except social worker or chaplain).	Two disinterested persons. May <u>not</u> be: relative, person who will inherit or has claim on estate, directly financially responsible for patient's health care, or health care provider/facility employees (except social worker or chaplain).
Distribution and storage	Sign one original and make several copies. Copies to doctor/clinic, hospital, a family member. Original at safe place at home; may file with Register in Probate for small fee. Complete wallet card.	Sign one original and make several copies. Copies to doctor/clinic, hospital, agent, alternate agent, family member. Original at safe place at home; may file with Register in Probate for small fee. Complete wallet card.
Procedures to revoke document	<ol style="list-style-type: none"> 1) Destroy all copies; 2) Signed & dated written revocation; 3) Oral Revocation with notice to doctor; 4) Execute new Declaration; or 5) Revoke with POAHC. 	<ol style="list-style-type: none"> 1) Destroy all copies; 2) Signed & dated written revocation; 3) Oral revocation in presence of 2 witnesses; or 4) Execute new POAHC.
Where to obtain	http://www.dhs.wisconsin.gov/forms/AdvDirectives/index.htm or for forms with instructions and informational materials, go to www.gwaar.org or call (855) 409-9410.	